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## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
I hereby appoint:							
Practitioners associ	clased with the Customer reumber:	2362	3				
OR							
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):							
	Name		Name	Registration Number			
		Number	***************************************				
			***************************************				
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the indersigned according to the USPTO assignment records or assignment documents							
any and all patent applications assigned gally to the Indensigned according to the USP I Classignment records or assignment documents affected to this form in accordance with 37 CPR 3.73(b).							
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to.							
p							
	ssociated with Customer Number.	23623					
OR							
L Individual Name	Firm or Individual Name Turocy & Watson, LLP						
Address 127 Public Square, 57th Floor, Key Tower							
City	Cleveland	State Ohio	Zip 44	114			
Country	United States	3					
Talephone	(216) 696-8730	Email watson@thepatentattomeys.com					
L	1(210) 020-0120		TO TO THE PARTY OF	72			
Assignee Name and Address.							
Rafe Communication							
2215-B Renaissance Drive, Suite 5 Las Vegas, Nevada, 89119							
ras vegas/monda outra							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be							
filled in each application in which this form is used. The statement under 37 CFR 2.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee.							
	e application in which this P			-			
SIGNATURE of Assignee of Record							
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature			Date 10/13	/0			
Name Bryan Bu			Telephone				
Title Authorized Person for Rafe Communications LLC This collection of information as required by 97 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to fille (and							
by the USP1O to process in exploration." Confedentially in governed by 3 S U.S.O. 122 and 37 CPR 1.1 1 and 1 f 1.6. This collection is informated to save 3 min/star to complete, including satering, prepaging, and substituting the consplete, including satering, prepaging, and substituting the consplete, including satering, prepaging, and substituting the consplete speciation from to 1 study (FFO, Crie will very depending upon the inflormation case. Any comments on the sincustric of time you require to consiste this form audior suggestions for requiring risk bursten, should be set for the Chief Information Officiar.  1.5. Palest and Transmisk Officiar. USE Experiment of Commerce P.D. Dis 450, Knowcation, VA 4 29251-4920, 20 CPT SEAU PEEU COMPLETED.							

## DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 3.73(b)(2)(i)

ŧ,	Bryan Burpee (whose title is supplied below), hereby declare that I am authorize	d	to
si	gn documents on behalf of Rafe Communications LLC.		

Bryan Burpe

Authorized Person for Rafe Communications LLC

October 13 2010
Date

Date